

C4496

ANNUAL REPORT

TO THE

CITY OF BIRMINGHAM EDUCATION COMMITTEE

OF THE

SCHOOL MEDICAL OFFICER

JAMES R. MITCHELL, M.C., M.B., Ch., B., D.P.H.

FOR THE

Year Ended 31st December, 1939

*In accordance with circulars 576 and 596
of the Board of Education.*

BIRMINGHAM:

Templar Printing Works, 168, Edmund Street.

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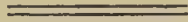
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MEDICAL AND DENTAL STAFF.

SCHOOL MEDICAL OFFICER :

JAMES R. MITCHELL, M.C., M.B., Ch.B., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICERS :

BETHIA S. ALEXANDER, M.B., Ch.B., D.P.H.
 JESSIE J. STOOKE, L.R.C.P., and S., Edin., D.P.H.
 EDGAR H. WILKINS, M.B., B.Ch., D.P.H.
 PHILIP R. KEMP, M.B., Ch.B.
 GERALD FRASER SMITH, M.R.C.S., L.R.C.P.
 WILLIAM H. S. MCGREGOR, M.R.C.S., L.R.C.P.
 VICTORIA H. KING, M.B., B.S., M.R.C.S., L.R.C.P.
 ELIZABETH E. BENSON, B.A., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
 (Left 30/7/39)

MARGARET C. WINTER, M.B., Ch.B.
 HUGH S. K. SAINSBURY, M.R.C.S., L.R.C.P.
 CHARLES LEITH BARRON, M.B., Ch.B.
 MARJORIE M. WILSON, M.B., Ch.B., D.P.H., (Appointed 9/1/39)
 JOHN H. AUSTIN, M.B., Ch.B. (Appointed 2/10/39)

SCHOOL DENTAL SURGEONS :

*J. Jessop, L.D.S.	E. Dickson, L.D.S.
J. D. COCKBURN, L.D.S.	J. M. DAWSON, L.D.S.
*H. BEDDOES, L.D.S. <i>Deceased</i> (24/1/39)	*W. A. STOCKWIN, L.D.S.
J. C. BAKER, L.D.S.	H. A. COHEN, L.D.S.
*F. E. HUDSON, L.D.S.	*G. H. B. EDWARDS, L.D.S.
A. E. T. HUNT, M.C., L.D.S.	H. LINN, L.D.S.
*C. R. FODEN, L.D.S., (Appointed full time officer from 1/4/39)	R. E. MORGAN, L.D.S. (Appointed 28/8/39)

OPHTHALMIC SURGEONS:

*H. W. ARCHER-HALL, M.R.C.S., D.O.
 *A. W. ALDRIDGE, M.B., B.S.

AURAL SURGEONS :

*F. B. GILHESPY, M.R.C.S.
 *D. J. EVANS, F.R.C.S. (Appointment terminated 30/11/39)
 *E. C. NAYLOR STRONG, F.R.C.S.

RADIOLOGIST :

*A. A. RUSSELL GREEN, M.B., B.S. (Appointment terminated 30/6/39)

ORTHOPAEDIC SURGEONS :

*NAUGHTON DUNN, M.A., M.B., Ch.B. (Deceased)
 *F. WILSON STUART, M.D., Ch.M.

ANAESTHETISTS.

*D. BUCHAN, M.B., D.P.H., Dental Treatment. (Retired 9/12/39)
 *J. A. AINSWORTH, M.B., Ch.B., Tonsil and Adenoid Clinic.
 (Appointment terminated 31/12/39)
 *T. H. HOBBS, M.B., B.S., M.R.C.S., L.R.C.P., Tonsil and Adenoid Clinic.
 (Appointment terminated 31/12/39)

VISITING MEDICAL OFFICERS :

Cropwood and Hunter's Hill Schools : *MITCHELL I. DICK, M.B., Ch.B.
 Shawbury Approved School : *BERNARD E. WALL, M.B., B.Ch.

CONSULTANT MEDICAL OFFICER, BASKERVILLE SCHOOL :

*W. CAREY SMALLWOOD, M.B., Ch.B., M.R.C.P., M.R.C.S.

DIRECTOR OF CHILD GUIDANCE CLINIC :

*CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.

*Part Time Officers.

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SCHOOL MEDICAL OFFICER

JAMES R. MITCHELL, *M.C.*, *M.B.*, *Ch.B.*, *D.P.H.*

For the Year ended 31st December, 1939

INTRODUCTION

The expansion of the School Medical Service proceeded throughout the year according to plan until checked by the outbreak of war. Two of the five proposed Clinics—Aldridge Road and Maas Road—were opened and are now in operation. Of the others, one is still in process of building while the other two are shelved until more propitious times.

Owing to a variety of causes, changes in the personnel have been numerous.

Dr. Marjorie M. Wilson was appointed to fill a vacancy which had occurred at the end of 1938. Dr. Elizabeth E. Benson resigned on marriage, her place being taken by Dr. John H. Austin. The appointment of Dr. A. A. Russell Green was terminated on closure of the Clinic for X-ray treatment of ringworm, and Dr. D. Buchan retired on reaching the age of 65.

The death of Mr. Naughton Dunn is a notable loss to Orthopaedic Surgery and is felt by all those who had had the pleasure of working with him.

It is with great regret, too, that we record the death of Mr. H. Beddoes, *L.D.S.*, who had long served as part-time dental surgeon. The vacancy thus caused has been filled by Mr. C. R. Foden, *L.D.S.*, who, previously a part-time dental officer in the Committee's service, now holds a whole-time appointment.

Mr. R. E. Morgan, *L.D.S.*, was appointed for whole-time service at a new Clinic.

Nurse G. F. Wells and Nurse L. E. Evans both retired on reaching superannuation age. Nurse Wells had served 22 years, during which she had had charge of the X-ray treatment of ringworm, mentioned later. Nurse Evans had given 25 years of excellent service chiefly in one of the most densely populated areas of the City.

Nurses C. Wallace and E. M. Hurcombe resigned on marriage, while Nurse E. E. Eales accepted a post elsewhere.

To fill these vacancies and to staff new Clinics the following were appointed:

Nurses M. G. Large, D. E. Morton, F. Smith, L. M. Gatehouse, L. Ingram and C. Tovey.

To staff new clinics it was necessary to appoint also two additional Remedial Gymnasts, Miss V. M. Pond and Miss A. M. G. Mason, and two additional Dental Attendants, Miss M. R. Hardwick and Miss O. J. Cullimore.

Dr. P. R. Kemp, having previously joined the Royal Air Force Volunteer Reserve, was called up immediately on the outbreak of war.

Dr. W. H. S. McGregor was granted a commission in the Royal Army Medical Corps on the 17th November, 1939.

Nurse M. H. Davies was called up for service in the Territorial Nursing Service on September 18th, 1939.

WAR AND EVACUATION.

These two factors have so profoundly affected the working of the School Medical Service that they claim priority in any report dealing with the child life of the City. The war made necessary the closing of some of our clinics, checked the building of others, and thrust upon us evacuation.

The evacuation of the children was a many sided problem, and for its effective carrying out, it depended upon a close understanding and co-operation between the Authorities in the evacuation areas and those in the reception areas. Teachers, Administrative Officers, School Attendance Officers, Clerical Staff, Medical Officers, School Nurses, Transport Officers, and a host of others were all concerned in the evacuation areas, whilst in the reception areas their "opposite numbers" had to face tasks no less complex. No upheaval of this magnitude could have been effected without the creation of new questions, requiring the most careful thought.

The Board of Education and the Ministry of Health issued various circulars and memoranda for the guidance of Local Authorities and from the early part of the year 1939 attention was concentrated upon the organisation, review, improvement, and amplification of a scheme designed to meet a situation of which no one had had previous experience. Arrangements were made in July, 1939, for a small scale rehearsal of the Scheme. In this the School Medical Service had a part to play. Later, rehearsals on a larger scale were arranged to take place towards the end of September, but owing to the international situation, this rehearsal was brought forward to August 28th. It consisted of the assembly of the children at the schools, but upon instructions from the Ministry of Health, the children did not leave the school premises.

On August 31st information was received that the arrangements made for evacuation should be brought into practical effect on the following day so far as the children were concerned, and so far as other priority classes were concerned on the next day. At each of the entraining centres, of which there were 23, and from which trains continued to leave for various destinations throughout the day, members of the staff of the School Medical Service were posted according to a pre-arranged plan to render First Aid in case of accident. Actually, although there were approximately 60,000 potential evacuees of school age only about 25,000 availed themselves of the opportunity offered. These were accompanied by about 4,000 teachers and helpers. That all should be entrained without any accident says much for the efficiency of the preparations made and for the careful supervision of all concerned as well as for the exemplary behaviour of the children.

Within a few days of the arrival of the evacuees in the reception areas, there was an outcry concerning the state of some of them, it being alleged that the standard of cleanliness left much to be desired. This criticism was not confined to Birmingham children, but was directed also upon those from all the large cities.

Complaint was also made that the evacuees should have received a medical examination before they departed for the reception areas. When it is borne in mind that evacuation from Birmingham took place at the end of five weeks' holiday from school, during which there had been no opportunity to carry out medical examination or cleanliness inspections; when it is realised that at the conclusion of any holiday, after the supervision of the School Medical Service has been in suspense for some weeks, the condition of the children is always below its customary standard; when account is taken of the fact that although only 25,000 children left the City, 60,000 were registered for evacuation and would have needed medical examination; when it is appreciated that to have examined all these children not more than two days prior to their departure, the services of about 200 Medical Officers would have been required; when it is recognised that less than 24 hours' notice of evacuation was received, then it will perhaps be seen that the School Medical Service did not default.

A supplementary evacuation took place on October 25th, 26th and 27th, when a further 700 children left the City. These were medically examined before departure.

Since after evacuation of 25,000 there remained still some 100,000 children in the City, the most complex of the arrangements so far as the School Medical Service is concerned were those which followed evacuation, for the continuance of the School Medical and Dental Services, both in the evacuable and neutral areas of the City, had to be arranged, and, simultaneously, staff had to be loaned to the Education Authorities in the receiving areas.

In the City itself, for a few days, the Service came almost to a standstill. The schools were closed, but the clinics remained open, and the Medical Officers, Dentists, Nurses, and Attendants were all at their posts to deal with any children who attended. Twenty of the Nursing Staff were loaned for a few days to the Maternity and Child Welfare Centres for emergency duty. As an emergency measure, and in compliance with the view expressed by the Board of Education in Circular No. 1469, the Clinic for the surgical treatment of tonsils and adenoids at Handsworth was closed, while the work of the Audiometer Units was suspended.

The Board of Education suggested in Circular 1469 that the staff of the School Medical Service in the receiving areas should be augmented by any School Medical Officers of the Evacuating Authority who could be spared. After the outbreak of hostilities the School Medical Officer, in consultation with the Chief Education Officer, was empowered (14/9/39) to place at the disposal of the Authorities in the Receiving areas the services of certain of the Staff of the School Medical Service, and in pursuance of this arrangement three Assistant School Medical Officers, five Nurses, two Dental Surgeons, and two Attendants were seconded for duty in the receiving areas.

The return to Birmingham of numbers of the original evacuees makes it necessary to keep a careful watch upon the need for the services of these Officers, and already it has been found possible to

withdraw one Nurse, and to transfer a Dental Surgeon and Attendant from the area of one receiving authority to that of another. In another area, the number of evacuees did not justify the loan of a dental officer, and accordingly, arrangements were made, with the approval of the Board of Education, for an extra session of a local School Dental Officer's time to be devoted weekly to the treatment of Birmingham evacuees.

The whole situation is being closely and constantly reviewed and adjustments will be made from time to time as circumstances require.

Coincident with these arrangements for the evacuees it was necessary to consider what alterations should be made in the School Medical Service to meet new conditions in the City. Four-fifths of the total child population of school age remained and it was essential that fully adequate measures should be adopted to safeguard their health especially since the national emergency might well expose them to added risks and increasing hardship. It was decided, therefore, to maintain the School Medical Service at a standard and of a scope as nearly normal as circumstances would permit. As soon as the Schools were re-opened, routine medical inspection would be continued except where evacuation rendered it impossible. In these districts children would be examined irrespective of their age. The cleanliness campaign would be prosecuted energetically. Clinic facilities would be provided for all children remaining in Birmingham, including all the Specialist Services with the exception of the Audiometer Units and the operative treatment of adenoids and enlarged tonsils. This surgical clinic is in an evacuable area of the City and its closure, at least temporarily, seemed advisable.

There are eleven clinics in the City and after the loan of personnel to the reception areas there remained only eight medical officers to carry on the work in them. But while the total number of evacuated children was relatively small it was sufficient materially to affect the child population of four of the districts in which clinics are situated. It was possible, therefore, so to couple certain districts that one medical officer could carry on the work of two clinics, the numbers of his attendances at each centre being determined according to the relative number of children in the two areas served. While on certain days at some of the clinics no medical officer would be available, provision was made to ensure that a nurse would be in attendance at every clinic on each afternoon.

The services of the Remedial Gymnasts, of whom there are now five, have been promised to the Hospitals, both military and civil, in the City. The need for their services has not yet arisen and will not arise until wounded accumulate, and even then the Gymnasts will not, at once, be required for whole-time service in the hospitals. It is proposed therefore to release them as and when required for an increasing number of sessions of work in the Hospitals, maintaining a partial service at the Clinics as long as possible.

It seemed highly desirable to aim at maintaining the normal School Dental Service although this might prove impossible in the evacuated areas of the City. To have discontinued dental inspection and conservative dentistry would have struck a severe and lasting blow at the work of years. The difficulty, of course, was to get in touch with the children, since the schools in the early days following evacuation were closed. Many expedients were adopted. Appointments were offered for all those children in neutral areas of the City for whom acceptances had

been received, in some cases nurses or attendants visiting the homes. Later, with the re-opening in the neutral areas of the Junior and Senior Schools for attendance on a voluntary basis, dental inspection was resumed. Similarly, arrangements were made in the evacuable zones of the City for the inspection of children who were voluntarily undergoing "home teaching." Teachers were notified, too, that on a certain afternoon each week children could be sent to all clinics for inspection by the Dental Surgeons.

The arrangements for the provision of medical treatment through the School Medical Service differ in each of the dozen or so receiving areas to which Birmingham children have gone. In no case are they identical with those in Birmingham. The separation of parent from child, as the result of evacuation, does not make for the easier administration of the Service. In Birmingham the arrangements preparatory to a child's treatment usually involve little more than the filling up of a printed form, its signature by the parent and, subsequently, the fixing of an appointment for attendance at a Clinic. With the evacuee, however, the matter is not quite so simple. He may, for instance, still be a pupil of his former Birmingham school, temporarily accommodated in a school in the village to which it is moved; on the other hand, he may have been "absorbed" into an existing school. Almost certainly, in either case, he and his parent are separated. This means, in respect of those children in need of treatment through the School Medical Service, correspondence with the receiving area, the parent, the teacher, and may-be a home visit. Thus, whilst the evacuee in need of treatment remains clinically a patient, administratively he becomes the subject of a whole dossier of correspondence, but if the treatment is to be provided most efficiently and, at the same time most economically, his circumstances must be looked at as particular to himself, and the arrangements made must be appropriate to those circumstances.

The Board of Education issued (14/12/39) Circular No. 1490 relating to "the School Health Services in War-time." The Board pointed out that as "the School Health Services are largely based upon inspection by Medical Officers, Dentists and Nurses in the Schools, it is not easy for them to function with full efficiency in respect of children who are not attending school" and added "if the loss caused by the complete or partial discontinuance of the school health services during the past four months is to be made good, it is clear that an intensive effort by local Education Authorities is needed." The Board called for "a statement showing the extent to which the School Health Services are already operating in the area." A survey at the middle of December showed that the facilities of the School Medical Service were available and were being freely utilised, both by children in voluntary attendance at schools and by those undergoing home teaching. The reports relating to Medical Inspection in the schools during November and December, 1939, showed that, allowing for the absence of Assistant School Medical Officers in the Receiving Areas, the work was practically equivalent to that for the corresponding months in 1938. It is to be feared, however, that those parents who do not cause their children to attend school voluntarily or to visit "home teaching" centres, are those who are probably the least concerned to secure that they receive the benefits provided by the School Medical Service, and until it is possible to bring about compulsory school attendance those children will, very largely, remain outside the scope of the Service.

NUTRITION.

Up to the 31st August, 1939, 30,340 children were examined at Routine Medical Inspections. Classification as to nutritional state of these children is shewn below, compared with the findings for 1938 and with the classification for England and Wales.

				England & Wales,	
				1938	1938
A.	(Excellent)	...	...	1.4%	2.3%
B.	(Normal)	...	...	88.7%	86.9%
C.	(Slightly Sub-normal)	...	...	8.8%	9.4%
D.	(Bad)	...	...	1.1%	1.4%
					14.5%
					74.2%
					10.8%
					0.5%

While returns for 1939 show little substantial difference from the 1938 figures, there is an increase in Normal at the expense of Excellent and Sub-normal about equally.

Compared with England and Wales, Birmingham is low in the category Excellent.

In the clinical classification, general difficulty has always been found in deciding the limits of the sub-groups, where to draw the line between Excellent and Normal, what limit to set between Slightly Sub-normal and Bad.

Since our practical problem lies with those children judged to be of Sub-normal nutrition, a clearer view of the position as shown in the above returns is gained by striking a line at normality and considering the percentages above and below this level.

Thus:—	Birmingham 1939 %	Birmingham 1938 %	England and Wales %
Normal and Excellent	90.1	89.2	88.7
Sub-normal	9.9	10.8	11.3

From this it appears that, taking the Clinical assessment of nutrition, the returns for Birmingham are, on the whole, remarkably consistent as compared with the findings for 1938 and compare favourably with comparable figures for the country as a whole.

The statement so far presented may be considered to be somewhat unduly weighted on the side of sub-normality. One Medical Officer having examined 2,047 children found some degree of sub-normal nutrition in 60.5 per cent.

There appears no ground for believing that the assessment of his ten colleagues is less accurate than his own estimate.

Leaving out this Officer's returns because they seem to be based on an entirely individual standard, we have the following results of classification:—

Number of children examined	...	...	...	28,293
Number classified as A (Excellent)	...	...	...	422 or 1.5%
Number classified as B (Normal)	...	...	...	26,120 or 92.3%
Number classified as C (Slightly Sub-normal)	...	...	...	1,619 or 5.7%
Number classified as D (Bad)	...	...	...	132 or 0.5%

This gives total sub-normality at 6.2%.

Throughout the ensuing year the nutrition and general well-being of the children will be watched by all members of the School Medical Service even more closely than in past years if that be possible.

The effect of war conditions in general and perhaps of food rationing in particular, will demand especial watchfulness and forethought.

DETECTION OF UNCLEANLINESS AND FOLLOWING UP.

Up to September 1st the Schools had been visited by the Nurses for the "follow up" of defects and to detect cases of uncleanness and verminous conditions somewhat more frequently than in the previous year. With the closure of the Schools it became almost impossible to keep in effective touch with the children especially with those who were most in need of supervision. Even when the Schools re-opened on a voluntary basis associated with "home teaching" centres the position presented certain difficulties.

The School Nurse has no right of entry to any home nor, strictly speaking, has she any legal status should she be admitted.

Detection of vermin on a child attending school voluntarily may be met by a parent simply keeping the child at home and doing little or nothing in the way of cleansing.

The Nurses were instructed to pay as many visits as possible in houses where there were known to be defective children, where past records showed uncleanness to be probable or usual, and at houses in use as teaching centres.

Whereas in 1938, 561 home visits were paid, in 1939 the Nurses made 1,528 visits, of which 1,256 were between September 1st and December 31st.

223 children were cleansed during the year under arrangements made by the Authority, as against 186 in 1938.

The number of cases in which legal proceedings were taken under the School Attendance Bye-laws was 57 as compared with 86 in 1938.

SKIN DISEASES.

The number of cases of Scabies and impetigo found at medical inspection, routine and special combined, was actually less this year than in 1938.

Owing to circumstances already discussed, however, the number of inspections was substantially less, being in round numbers 67,000 in place of 91,000. Moreover the period, during which inspections were unavoidably less, covered the last four months of the year, the season during which the incidence of these diseases is certainly not at a minimum.

It may be fair therefore to consider that the prevalence of these diseases is at least as great as in 1938 and probably somewhat higher in actual fact. The reason for an increase in the incidence of Scabies among school children is not immediately clear. We know that our powers to control the infection are weak. We can exclude infected children from school but we cannot enforce disinfection of clothes and bedding, nor can we compel treatment of other infected inmates of the house. Re-infection is, therefore, extremely common, since no immunity is conferred by one attack. But on the other hand our powers in this matter are no weaker than they were when the incidence of the disease was less. The increased prevalence of Scabies is probably due chiefly to social factors. After the last war the condition was so widespread that everyone recognised it as a menace and most were willing for treatment. As a result the incidence declined until it slipped from the public

consciousness. There remained, however, a residuum of infection which has mounted unobtrusively to more serious proportions. Following a suggestion that the nature of the father's occupation might have a bearing upon infection of the house an investigation of this point was made with entirely negative results.

Among 36,531 children examined at routine medical inspection 126 were found to be infected with scabies. All these children were potential centres of infection, while their parents were unaware of the condition or indifferent to it. Scabies is essentially a dirt disease. While anyone may contract the disease who has the misfortune to sleep in infected blankets, adequate treatment and habitual cleanliness soon make short work of the condition. Dr. Wilkins has advanced the opinion that in our poorer quarters a factor in the spread of infection is the wearing of second-hand clothing, a practice much favoured by our citizens in those districts.

With greater prevalence of Scabies an increase in the incidence of impetigo is to be expected. Indeed if we add those cases of septic eczema, crops of boils, and skin eruptions due to uninstructed use of sulphur on the skins of children, known accompaniments of Scabies infection, increase in skin diseases will be accounted for.

A good deal of attention has been devoted of recent years to new methods of treatment of Scabies. Certain points are essential; the chosen method should entail a short period of treatment, should include a copious use of soap and water and must be painless. A comparison of different methods was in process during the year but at present numbers are insufficient for any trustworthy guidance. But the treatment of uncomplicated Scabies never has presented any difficulty. The troubles are reinfection as already stated, and the fact that in the great majority of cases the condition is complicated by the presence of other skin diseases, impetigo, boils, and widespread septic scratches which hamper intensive action against the scabies parasite.

730 cases of Scabies were treated during the year at the Authority's cleansing centres, 7,172 baths being given. 41 of the cases were definite re-infections.

1,058 children were treated for other skin diseases under the Authority's arrangements at the cleansing centres.

Ringworm of the Scalp.

The X-ray Department at Great Charles Street Clinic was established at a period when ringworm of the scalp was the cause of prolonged absence from school of large numbers of children. In 1912 there were 2,281, and in 1913 there were 2,131 cases known to the Medical Department. The work of the Clinic largely succeeded in stamping out the complaint and Dr. Auden, in his Annual Report for 1932, wrote "the reduction in the incidence of ringworm has been one of the most marked successes of Medical Inspection."

In the Report of the Chief Medical Officer of the Board of Education for 1936, it was pointed out that in the case of new schemes, it was desirable for authorities to make arrangements for this treatment with a hospital because "the number of cases in most areas is now comparatively small."

The following table shews the number of patients treated by X-rays during the 12 years ended 31st December, 1939 :—

1928	.....	131
1929	.....	126
1930	.....	137
1931	.....	100
1932	.....	108
1933	.....	56
1934	.....	62
1935	.....	45
1936	.....	29
1937	.....	40
1938	.....	37
1939	.....	21

An agreement was entered into with the Committee of the Birmingham and Midland Skin Hospital for the X-ray treatment of cases of ringworm of the scalp referred to them by the School Medical Department and the work was discontinued at Great Charles Street Clinic. In closing the Clinic the Committee expressed appreciation of the services rendered in the interests of Birmingham children by Dr. A. A. Russell Green and Nurse Wells.

In 1928 the use of a Woods Screen had been introduced at Great Charles Street Clinic for the early and certain ascertainment of ringworm. This will remain in use for examination of individuals and groups of children, especially those entering residential institutions so that any sporadic cases may quickly be dealt with.

EYE DEFECTS AND ARRANGEMENTS FOR TREATMENT.

A review of the Ophthalmic Scheme at the beginning of the year disclosed certain directions in which some alterations could be made to safeguard still further the eyesight of the children.

It is of the utmost importance that myopia, or short sight, should be detected at as early a stage as possible in its course. The condition is frequently progressive and, unless treated, may lead to serious loss of vision in later years. The gap between the intermediate and final medical inspections, i.e., between the ages of eight and twelve years, is a period in which myopia may, and often does, have its beginning.

The amended Scheme includes periodic testing by the School Nurse of children between the ages of 8 and 12 years, and also of children in the infant departments as soon as they know their letters.

Moderate defects of vision, or myopia up to 3 Dioptries, may be dealt with satisfactorily by the Assistant School Medical Officers at the local clinics. It is preferable, however, that certain types of patient should be referred in every case to the Ophthalmic Surgeon.

These may be classified as follows :—

- a.—All cases of squint.
- b.—All cases of internal eye disease.
- c.—Abnormal conditions other than refractive errors.
- d.—All cases of myopia in excess of 3 Dioptries, and all cases where the defect is increasing (*all* cases of myopia to be retested by the Assistant School Medical Officer or Nurse every six months).

e.—Any case which proves complicated or in which the Assistant School Medical Officer is dissatisfied with his own results on examination.

f.—All cases of myopia found in infants, and other visual defects in infants at the discretion of the Assistant School Medical Officer.

Close and continued "following-up" is essential of all cases who fail to keep appointments for examination by the Assistant School Medical Officers or the Ophthalmic Surgeon.

This re-organisation of the Ophthalmic Scheme must certainly produce an increase in the number of cases for examination by the Ophthalmic Surgeon, who already had a substantial waiting list for the two sessions per week devoted to school work.

It was decided therefore to double the number of these weekly sessions.

Mr. Archer Hall, D.O., Ophthalmic Surgeon to the Education Committee, reports as follows upon cases examined by himself, and Dr. Aldridge, at Great Charles Street School Clinic:—

"During the year 1939, glasses were prescribed for 676 children at the School Clinic, Great Charles Street. Analysis of the records of the Clinic shows the 676 cases to be made up of the following defects in refraction of the eyes:—

Hypermetropia	...	...	127
Myopia	...	...	66
Hypermetropic astigmatism	...	...	346
Myopic astigmatism	...	...	125
Mixed astigmatism	...	...	12
			<hr/> 676 <hr/>

It was found that 21 pupils of ordinary schools (or those starting school) needed education by Partially Sighted methods, and were therefore recommended for attendance at the Partially Sighted Schools, according to their place of residence in the City.

In one instance, education at the Royal Institution for the Blind, was arranged.

As a large number of school children of the City of Birmingham have been evacuated, the numbers treated are less than would otherwise have been the case.

Ten pupils were transferred for treatment under my care at the Birmingham and Midland Eye Hospital, and for 18 children, with strabismus, fusion training was arranged at the same Institution.

Thirty children were operated upon by me for squint at the Hospital.

Dr. A. W. Aldridge reports treatment of the following defects:—

Hypermetropia	...	...	160
Myopia	...	...	83
Hypermetropic astigmatism	...	...	173
Myopic astigmatism	...	...	91
Mixed astigmatism	...	...	4
			<hr/> 511 " <hr/>

DEFECTS OF EAR, NOSE, AND THROAT.

On the outbreak of war it was considered advisable to close the clinic for surgical treatment of enlarged tonsils and adenoids and to suspend the work of the Audiometer Units, until decision should be taken as to the opening of schools, and the provision of any necessary shelters against air raids. By these measures there were available five nurses usually engaged on these special duties to reinforce the regular school nurses and to fill vacancies caused by military service appointments and the seconding of Staff to the Reception Areas. It is hoped that before long the work of both these important organisations may be resumed.

The non-operative Aural Clinic was continued as usual because it was judged essential to maintain supervision of the health of the children in this important direction.

Here as in all the Clinics, and especially in those in the more central or "vulnerable" parts of the City, it was deemed best to arrange that children should attend only in small groups and to dismiss them so that they might arrive home before the "black-out." This, of course, had its effect upon the numbers treated in the last four months of the year. Nevertheless the table given below shows that a very satisfactory amount of work was carried out:—

No. of Examinations by Aural Surgeon	...	1,029
No. of Ionisation Treatments	... ..	271
No. of Diastolizations	... ..	530
No. of Mastoid Dressings	... ..	267
No. of other Aural Treatments	... ..	2,915

The following is an extract from the report of Mr. Gilhespy, Aural Surgeon:—

"During September and October attendance at the special Clinic for Ear, Nose and Throat patients was poor. Since then, however, it is remarkable how few children sent for have failed to attend, showing that the Clinic is appreciated by parents even in such trying times as the present.

As in previous years, the bulk of our patients are children suffering from running ears or deafness, but, as I pointed out in my report last year, there is also a large percentage of children attending with nasal complaints. Ionization continues to give good results in suitable cases of otorrhoea. In cases of deafness following otitis media I have found that hearing has been improved by Politzerisation given in conjunction with Diastolization for the nose. This is in accordance with the findings of the Commission on Children with Defective Hearing. The appearance of the retracted drum, when present in these cases, is not altered after treatment by Politzerisation, Diastolization or removal of tonsils and adenoids, but nevertheless hearing may be improved.

Parents of children so improved are the most grateful of those attending the Clinic. The drying up of a discharging ear, with its potential possibilities of serious intracranial complications, is not so well understood by parents.

Further, in the last few years I have noticed a greater readiness among parents to allow their deaf children to attend classes for lip reading. At the present moment there is the most urgent need to keep open special classes for the deaf in this city, as if the War continues for several years many children missing these classes now will be hopelessly handicapped for life."

SCHOOL DENTAL SERVICE.

A review of the School Dental Service in Birmingham during 1939 must almost of necessity fall into two parts—the period prior to, and that subsequent to evacuation. From January 1st to August 31st the service proceeded on normal lines. Each of two new Clinics opened in June was fully equipped for dental treatment. Both of those Clinics are situated in new building areas with large school population which will provide plenty of work. All of our Clinics are now equipped with electric dental engines.

The percentage of children who actually received treatment in relation to those found to require it was, up to the 31st August, 53 per cent. as compared with 60.9 per cent. for the whole of the year 1938. The first impression is that this represents a decrease of nearly 8 per cent. in the number of children treated. Actually, however, it should be borne in mind that at the end of the term which ends immediately before the summer holiday, there are always in hand large numbers of applications for dental treatment to be carried out immediately the schools re-open after the vacation. Unfortunately, before these children could be dealt with, evacuation had taken place. As a result of this, many had departed to the Reception Areas, while it was difficult to establish contact with many others owing to the closing of the schools. Whilst, therefore, these are included in the number of children “found to require treatment,” they are not included in the number “actually treated.” This obviously tends to vitiate the statistics so that, on a purely numerical basis, comparison of the pre-war months of 1939 with the preceding year 1938 would be unreliable. If, however, an examination be made of the number of permanent teeth filled for each 100 children treated, during the first 8 months of the year with the corresponding period of 1938, there is ground for some satisfaction because every group of 100 children treated in the first part of 1939 had 58.5 permanent teeth filled compared with 50.7 in 1938. Admittedly this falls considerably below the number of permanent fillings for each group of 100 children in the country as a whole. The most recent available figures in the report of the Chief Medical Officer of the Board of Education for 1938 shows 78.5 fillings for every 100 children.

Following a visit of inspection by officers of the Board of Education, and subsequent to later discussion with officers of the Board it had been decided to carry out an experiment in one area of the City as from 1st September, to determine whether the effect of a smaller number of patients at each session at which General Anaesthetics are not administered, would result in a greater amount of conservative treatment for patients dealt with. The experiment was to be as follows:—

- (1). Appointments to be made for each non-gas session of sufficient numbers to secure attendance of 9 patients.
- (2). The timing of the patients to be on the basis of—

Infants	15 minutes each.
Juniors	20 minutes each.
Seniors	25 minutes each.

A mixed group of 9 patients composed of 4 Infants, 3 Junior and 2 Seniors would thus represent 170 minutes of chair-side work. Unfortunately, evacuation coincided with the date set for the beginning of this scheme and it has not been found possible to give effect to it. Actually, however, the reduced number of appointments necessitated by the difficulties under which the dental service was carried on during the last four months of the year, as will be seen from the figures quoted above, resulted in an increased number of permanent teeth filled, the figures being 66.6 for each group of 100 children treated. It would perhaps at this stage be premature to presume that the cause of the

increased number of fillings is the reduction in the number of patients treated but it may perhaps provisionally be concluded that this is so.

In the Receiving Areas during the period 1st September to 31st December, 1939, 3,353 children were inspected by the Dental Surgeons (2,496 elementary, 857 secondary). Of these, 1,462 (1,177 elementary, and 285 secondary) were noted as requiring treatment. 713 were actually treated. 316 permanent, and 22 temporary teeth were filled, whilst 216 permanent, and 558 temporary teeth were extracted. 37 general anaesthetics were administered.

ORTHOPAEDIC SCHEME.

1,324 children were treated at the Remedial Exercises Clinics during 1939. Of these, 734 had deformities of the feet, chiefly flatfoot, incipient or marked, and valgus conditions of the ankles, or as it is commonly termed, the ankles "going over." The proportion of all these deformities is not substantially different from the findings of previous years. It was, in fact, the prevalence of these defects which lead, in 1933, to the opening of a part-time Centre for their treatment in an area of the City difficult of access to any of the existing Remedial Exercises Clinics. During the year 1939 two new Remedial Exercises Centres were opened, one at each of the new Clinics.

Since these were opened only in June their effect is not yet apparent in the total of work done. The table below indicates the type of defects dealt with:—

	Admitted	Discharged
Spinal curvature and postural deformity ...	409	221
General muscular debility ...	108	72
Paralysis—various forms ...	37	10
Deformities of the feet ...	734	376
Chest conditions, asthma, etc. ...	81	41
Injuries to limbs ...	16	14
Wry neck ...	29	16
	<hr/> 1,414	<hr/> 750

The Committee has continued the arrangement with the Royal Cripples' Hospital for the treatment of cases as below:—

ROYAL CRIPPLES' HOSPITAL.

	No. of cases	Out-patient Clinic Attendances	No. of cases	Massage Dept. Attendance
Talipes, Club Feet, etc. ...	85	399	28	557
Congenital Deformities ...	70	219	13	359
Dislocated Hips ...	24	62	3	51
Spastic Paralysis ...	45	171	32	837
Infantile Paralysis ...	104	524	30	670
Birth Palsy ...	6	6	1	15
Rickets ...	121	343	—	—
Flat Feet ...	244	813	122	1,790
Scoliosis, Kyphosis, etc. ...	64	213	53	1,731
Fractures ...	15	60	4	25
Injuries ...	26	144	13	180
Amputations ...	5	28	1	8
Osteomyelitis ...	7	26	1	21
Arthritis ...	6	17	1	33
Perthes Disease, Synovitis, Kholers Disease ...	23	117	4	177
Unclassified ...	43	139	17	334
	<hr/> 888	<hr/> 3,281	<hr/> 323	<hr/> 6,788
Totals				

Average attendance per patient :

Out-patient Clinic	...	...	3.69
Massage Department	...	...	21.01

TUBERCULOSIS.

Dr. Dixon, Chief Tuberculosis Officer reports :

“During the year 1939, the number of children dealt with at Yardley Green Road Sanatorium was 140. Of these 66 were males and 74 females.

Out of the 140 there were 73 who were admitted primarily for observation, 37 of which were discharged with no definite signs of tuberculosis and 35 remained for treatment.

Of the 102 who received treatment, 53 were in Group I, 10 in Group II, 5 in Group III, and 25 in Group IV., i.e., were non-pulmonary cases. The non-pulmonary cases consisted of tuberculosis of the bones and joints, abdominal tuberculosis, peripheral glands, etc., and the majority of these children were treated in the artificial light clinic with excellent results.”

Classification of Groups

Group I.—Cases with slight constitutional disturbance, if any; e.g., there should not be marked acceleration of pulse nor elevation of temperature, except of very transient duration; gastro-intestinal disturbance or emaciation, if present, should not be excessive.

The obvious physical signs should be of very limited extent as follows:—either present in one lobe only, and, in the case of an apical lesion of one upper lobe, not extending below the second rib in front, or not exceeding an equivalent area in any one lobe; or where these physical signs are present in more than one lobe, they should be limited to the apices of the upper lobes, and should not extend below the clavicle and the spine of the scapula. No complication (tuberculosis or other) of prognostic gravity should be present. A small area of dry pleurisy should not exclude a case from this Group.

Group III.—Cases with profound systematic disturbance or constitutional deterioration, with marked impairment of function, either local or general, and with little or no prospect of recovery. All cases with grave complications (e.g. diabetes, tuberculosis of intestine, etc.) whether these complications are tuberculous or not, should be classified in this Group.

Group II.—All cases which cannot be placed in Groups I and III.

Group IV. Patients suffering from non-pulmonary tuberculosis include :—

- (1) Tuberculosis of bones and joints.
- (2) Abdominal tuberculosis (i.e. tuberculosis of peritoneum, intestines, or mesenteric glands).
- (3) Tuberculosis of other organs.
- (4) Tuberculosis of peripheral glands.

TUBERCULOSIS (ALL FORMS).

NOTIFICATIONS, 1938.

<i>Ages.</i>	<i>Respiratory System.</i>		<i>Nervous System.</i>		<i>Intestines and Peritoneum.</i>		<i>Other Forms.</i>	
	<i>Cases notified.</i>	<i>Deaths.</i>	<i>Cases notified.</i>	<i>Deaths.</i>	<i>Cases notified.</i>	<i>Deaths.</i>	<i>Cases notified.</i>	<i>Deaths</i>
0	6	—	1	—	—	—	2	—
1	8	—	3	—	—	—	5	—
2—4	10	—	8	—	—	—	8	—
5—14	29	—	4	—	7	—	39	—
TOTALS	53	—	16	—	7	—	54	—

ULTRA-VIOLET RAY TREATMENT.

The following Table shows the type of case treated and results.

	<i>Number Treated</i>	<i>Cured or much Improved</i>	<i>Improved</i>	<i>No Better</i>	<i>Ceased to attend before completion of cure</i>
Debility	985	346	364	60	215
Rheumatism	155	68	56	8	23
Chorea	28	12	12	—	4
Bronchitis and Asthma	551	191	181	34	145
Nasal Catarrh, etc. ...	217	87	76	20	34
Enlarged Glands ...	51	19	24	2	6
Otorrhoea and Deafness	29	8	16	1	4
Blepharitis and Conjunctivitis	24	14	7	—	3
Anaemia	207	73	91	14	29
Chilblains	33	21	9	—	3
Alopecia	47	21	15	3	8
Impetigo	59	56	2	—	1
Other Skin Trouble ...	61	36	8	2	15
Emmesis	8	5	2	—	1
Total	2,455	957	863	144	491

IMMUNIZATION AGAINST DIPHTHERIA.

During 1939, 16,772 children were immunized against diphtheria. Of these 5,642 were of school age and an additional 86 attended Nursery Schools. Immunization is carried out by members of the Staff of the Public Health Department and by General Practitioners. The total number of children immunized since 1925 is 139,786 and among those fully immunized there have been no deaths from diphtheria. Arrangements have been made to continue, as far as possible, immunization of our children in the receiving areas after Evacuation.

In July the Hygiene Sub-Committee had under consideration what measures might be possible still further to popularise immunization and the following steps were approved :—

- (1) That a special leaflet be printed for distribution by Assistant School Medical Officers to parents on the occasion of medical inspections in the Schools—more particularly in the case of inspection of infants.
- (2) That in order that children in the older age groups may be included in the Scheme, the visits to Schools of the Medical Officers for immunization purposes should be made more frequently.
- (3) That where parents are gathered together by Head Teachers to discuss matters connected with the School, opportunities might be afforded for a short talk by Officers of the Health Committee.

Full recognition was made of the valuable contribution to the work of immunization which Head Teachers can make in this contact with parents.

PHYSICAL EDUCATION.

The accompanying report is given by Mr. MacCuaig and Miss Thorpe, Organising Inspectors of Physical Training :—

“For many years the Birmingham Education Authority has steadily developed its physical training services and to-day Birmingham is recognised as one of the most progressive cities in regard to Physical Education.

Elementary and Secondary Schools.

The Committee acquired its first playing field for the exclusive use of elementary scholars as long ago as 1912, and now possesses approximately 360 acres of playing fields for elementary schools and over 100 acres for Grammar schools. The new school buildings have fine spacious halls, well planned playgrounds, grass areas, and 40 schools have fully equipped, well ventilated gymnasia with changing rooms and showers.

The Teaching Staff have responded magnificently in undertaking further training to equip themselves to make the fullest use of the modern facilities. Eighteen Training Courses for men and women teachers have been held under the auspices of the Local Education Authority during the past year.

The adoption of light, loose clothing, provision of shoes, use of showers and footbaths is rapidly raising the standard of personal hygiene. Gymnastics, games, athletics, dancing, and swimming are some of the activities carried out with zest and skill by Birmingham scholars in regular, organised physical training lessons.

In general, steady, all-round progress in school Physical Education has been made for many years, especially in the elementary schools.

Physical Recreation Classes.

Fitness Classes are no longer confined to those of school age, however, and the development of the Birmingham Athletic Institute, which provides all forms of physical recreation classes for men and women from 17 to 70, the classes in the Junior and Adult Evening Institutes and the club organisations both attached to, and outside the Evening Institutes, show how the Fitness Movement is becoming a practical reality for men and women.

A two year comprehensive training course for men instructor leaders has concluded a most successful first year. An excellent attendance has been made by candidates whose enthusiasm and willingness to devote considerable spare time to further study of practical leadership and theoretical background gives promise of potential good leadership in clubs.

An extension course for women instructor leaders provided a number of experienced women leaders, some of whom have been placed on the Committee's approved panel for club classes attached to Evening Institutes.

Demonstrations.

At the invitation of the Lord Mayor a demonstration of physical fitness was presented before Their Majesties, the King and Queen in the Town Hall on March 1st, 1939. The demonstration was short, but it was possible to represent all phases of physical recreation for girls and women in which Local Education Authorities, Voluntary Organisations and other Fitness groups working in the City had representation. Their Majesties expressed keen pleasure and sent congratulations to the performers.

Important demonstrations of recreative physical training for Men were given by the Men's Instructor Leaders' Class, and the Advanced Class from the Birmingham Athletic Institute, at the Aston Villa and the Birmingham Football Grounds. These demonstrations were greatly appreciated, and provided a valuable means of interesting the layman in physical fitness.

Other demonstrations were given by thirty classes during the Brighter Homes Exhibition at Bingley Hall in February.

Conclusion.

The task of maintaining the very considerable progress made in recent years will be difficult under war conditions, especially in boys' and men's classes. The solution will probably be provided partly by the training of the older men teachers to give modified physical training in boys' classes. The enthusiasm and ability of the class teachers with the support of the Head Teachers and the parents will do much to keep up the standard in the schools generally. Fitness is even more important in wartime than in peacetime, and Physical Education has a real contribution to make in increasing the resistance to both the physical and nervous strain of wartime conditions."

PROVISION OF MEALS.

The composition of the dietary of the children receiving meals free or at reduced cost was reviewed at intervals throughout the year, but it was not found necessary to make any change. Nor was there any alteration in the income scales qualifying for receipt of these meals. The total number of free meals given was 1,157,456.

CO-OPERATION WITH OTHERS.

During the year under review, as in many years past, the School Medical Service has been greatly helped by the willing efforts of numerous organisations and individuals, among whom should be mentioned Private Practitioners, School Attendance Officers, Juvenile Welfare Workers, Visitors of boarded-out children, the Children's Country Holiday Society and the Society for the Care of Invalid Children. The co-operation of Teachers has always been a valuable asset of the School Medical Service but this year their willingness and practical help have been more notable than ever. They have shown unsparing activity in caring for the physical health of the children evacuated in their charge and have given valuable help in keeping touch with children during the difficult times of partial opening of the Schools.

SPEECH TRAINING.

Our two Speech Training Centres are situated one in and the other near the centre of the City.

The migration of population to the new estates on the outskirts of the City has rendered these Speech Centres quite inaccessible to large numbers of children among whom were doubtless many who required treatment.

For some time the possibilities of decentralisation had been considered, the institution of several part-time centres more easily reached by children requiring treatment and so drawing from a wider field. The closing of the schools in the central districts has made this a practical necessity. Temporary centres have been opened for groups of children in schools and in clinics, and the response has been gratifying.

We thus have a compulsory experiment about which it is too early to say more, but which should provide interesting data and guidance for future constructive planning.

CHILD GUIDANCE CLINIC.

The following is a report by Dr. C. L. C. Burns, the Medical Director of the Child Guidance Clinic:—

“The past year has been so forcibly split into two halves that it is difficult to say anything about the comparatively peaceful part of it.

The war might have put an end to the very existence of the Clinic, but fortunately it has not so far turned out that way. A temporary dearth of cases made it possible for the Staff to pay a great number of visits to the homes of the current cases and find out what was happening, both to the evacuated and those remaining. Visits were also paid to various schools which were not evacuated. From this it became clear that there was a general desire among parents and teachers that the children should continue to attend, in spite of possible danger.

So far, it is possible to say that the nerves of the child population have not suffered unduly, and that private problems of neurosis and behaviour are little affected one way or another by the war. About 10 per cent. of the clinic cases were evacuated (the general figure for Birmingham being 25 per cent.). This left quite a sufficiently large number to draw from.

It was thought at first that there would be a considerable amount of problems among evacuated children and that the Clinic staff might in some way be made use of. It gradually appeared however that (a) there were many less difficulties than might have been anticipated, (b) those children who did not settle down, tended to return home.

Besides this, it appears that many children who were nervous or difficult at home have improved while away, and there is no doubt that the majority of town children do benefit considerably from a prolonged sojourn away from their homes.

At the same time, this period of evacuation might have furnished a great opportunity for County districts to establish local clinics, or small hostels for difficult cases. It is to be hoped that this may still be possible.

The beneficial effect of boarding-out selected cases in properly chosen and supervised foster-homes needs no stressing, and we have also been fortunate in carrying on our collaboration with the Society in Aid of Nervous Children. There are at present 20 children boarded-out in 6 different farms. The type of case for each foster-home is selected partly according to the personality of the people who will be in charge of them. Mr. Mathews, the Hon. Secretary, has been indefatigable in continuing his visits to the farms, keeping careful notes of each case, and discussing progress constantly with the Clinic Director. The results are outstandingly successful, and one feels no hesitation in saying that in several very difficult cases, even the most highly specialised treatment in a Home could not have produced a quicker or more striking result.

Of these children 10 have now returned home after a period varying from one to two years, and only two have not done well owing to homes where no child could do well; these two cases have only returned at the insistence of the parents.

The table showing the source from which children are referred is interesting as compared with earlier statistics in the Clinic's history, in so far as the referring agencies have become more varied, and a greater number come from doctors, hospitals and parents, i.e., from sources outside the educational system. (Table I.).

TABLE I.
ANALYSIS OF CASES REFERRED DURING PERIOD
JANUARY 1st—DECEMBER 31st, 1939.

<i>Referring Agency</i>					<i>Number</i>
School Medical Officers	...	...	...	...	37
Special Schools Dept.	...	...	...	...	6
Head Teacher (Sec. School)	...	...	...	...	3
Head Teacher (El. School)	...	...	...	...	42
Juvenile Employment and Welfare Dept.	...	...	...	...	1
School Attendance Dept.	...	...	...	...	3
Speech Classes	...	...	...	...	1
Infant Welfare	...	...	...	...	4
Probation Dept.	...	...	...	...	6
Hospitals	...	...	...	...	16
Private doctors	...	...	...	...	28
Social Agencies	...	...	...	...	10
Private persons	...	...	...	...	2
Parents	...	...	...	...	21
Total					180

<i>Analysis of Disposal.</i>					
Full treatment	...	...	...	...	100
Diagnostic service	...	...	...	...	36
Mentally defective	...	...	...	...	9
Unsuitable	...	...	...	...	10
Failed to attend	...	...	...	...	15
Pending	...	...	...	...	10
Total					180

It may be said that most problems are more evident in the home than in the school, although different aspects will manifest themselves in both spheres. Thus several children referred for truancing from school will be stated by the parents to be both nervous and difficult at home.

Surprise is sometimes expressed by head teachers that a child who appears to be perfectly normal at school, will be referred to the Clinic by doctor or parent, but there are symptoms of neurosis such as night terrors or enuresis which will naturally not be shown at school.

An investigation of a random sample of 100 cases showed this clearly, and the main findings are given in the following table (Table II).

<i>Child referred as :—</i>					<i>Number</i>
Problem at home and school	...	...	...	...	46
Problem at home only	...	...	...	...	20
Problem at school only	...	...	...	...	8
Problem at home—not attending school	...	...	...	...	8
Problem at home, school situation unknown	...	...	...	...	5
Insufficient information	...	...	...	...	13
Total					100

The conditions which bring children to the Clinic are varied, but are all of sufficient severity and duration to show that it is not merely a phase, which the child will grow out of without help. While the following table gives a rough idea as to the type of case, it must be remembered that most of them show more than one symptom, e.g., a child referred for stealing may also have temper-storms, destructiveness and some form of nervousness such as nail-biting or sleep disturbance.

The total number is larger than the actual total of cases referred for the year, owing to the fact that cases where there are two or more major symptoms, are listed twice over. (Table III).

TABLE III.

Problems for which children were referred to the Clinic during year 1939.

(A) <i>Behaviour Problems.</i>					
<i>Difficult behaviour.</i>					
	Out of control	...	12		
	Destructive	...	3		
	Generally difficult	...	35		
			—	50	
	<i>Temper</i>	...	...	23	
	<i>Stealing</i>	...	...	29	
	<i>Truancy</i>	...	...	11	
			—		113
(B) <i>Nervous Problems.</i>					
	<i>General Nervousness</i>	...	30		
	<i>Fears</i>	...	...	14	
	<i>Eneuresis</i>	...	...	15	
	<i>Incontinence of faeces</i>	...	...	3	
	<i>Stammer</i>	...	...	2	
	<i>"Fits"</i>	...	...	2	
	<i>Feeding difficulties</i>	...	...	2	
	<i>"Chorea"</i>	...	...	3	
			—		71
(C) <i>Backwardness</i>					
	...	...	...		26
				Total	210

This report deals mainly with a "statement of the problem" rather than with results, and there is no space to deal with both. It is hoped that in the next report, considerable space will be given to the assessment of results, which is a more elusive and difficult question in this than in any other branch of medicine or pedagogics in view of the multiplicity of the factors involved. One may venture to say, however, that Child Guidance has been sufficiently proven in the period between two wars, to make it evident that its value, both curative and educational, will become more certain and essential in the uncertain years to come."

MOSELEY ROAD REMAND HOME SUMMER HILL RECEIVING HOMES.

THE COTTAGE HOMES—ERDINGTON AND SHENLEY FIELDS

Normally juveniles on remand are accommodated at Moseley Road Remand Home and at Summer Hill Receiving Home, the former institution taking senior boys from 12 years of age upwards while girls and junior boys are admitted to Summer Hill Homes. Until the beginning of September normal conditions were maintained; the health of the inmates of both Homes was satisfactory. The system of daily medical inspection at Moseley Road was working well and building extensions—now completed—which would provide improved facilities for segregation of new admissions, were well in hand. When evacuation was decided upon it was necessary to make provision elsewhere for remand cases since both Homes are situated in evacuable areas of the City and had to be closed forthwith.

It was decided to accommodate the senior boys at Shawbury Approved School and arrange for reception of junior remand cases at Erdington Cottage Homes. It is recognised that Shawbury, situated thirteen miles from Birmingham will not be really convenient for use as a Remand Home. It will no doubt be possible to make more suitable provision at a later date.

The remaining children at Summer Hill, not remand cases, were distributed between Erdington and Shenley Fields Cottage Homes, both institutions now functioning as Receiving Homes as well as accommodating their normal type of inmate.

NURSERY SCHOOLS AND NURSERY CLASSES.

Early in the year (January 30th) additional Nursery Departments were opened in dis-used classrooms which had been specially adapted for the purpose at the following schools:—
Rea Street South, Steward Street, and Tilton Road.

At Tilton Road it is impossible at present, owing to absence of facilities, to provide a mid-day meal, but this provision is made at the other two schools. The same medical supervision is maintained over all Nursery Schools and Classes—a monthly medical inspection with a more intensive examination three times in the year. At all Schools and Classes a Nurse attends daily for the treatment of minor ailments and general supervision of health.

It had been the custom hitherto to delegate the supervision of Nursery School children to women Medical Officers, but geographical considerations made this impracticable in the case of the new Schools.

Further, it seemed desirable to place these Schools under the care of the Assistant School Medical Officer of the districts in which they were situated, thus affording the Medical Officer a wider range of observation of individual children. On this point Dr. E. H. Wilkins in his report on the children attending Dartmouth Street Nursery School makes the following observation:—

"In school work only we view the child through a five-to-fifteen-year peep-hole; the infant approaching from birth to the school entrant age, and the onset and development of common defects found at five years of age, are hidden from view. The Nursery School affords a very welcome, though partial, extension of the school medical outlook."

Until the outbreak of war all proceeded according to plan. Defects were not unduly numerous and where found were treated at the Clinics or referred to Hospital. Ever since the crisis of 1938 the minds of all concerned had been exercised over the problem of the evacuation of Nursery School children should the need arise. Many expedients were discussed. Finally it was decided to make use of the School Camp at Blackwell. This course was approached with considerable misgiving. No one felt happy about housing children from 2 to 5 years old in premises notably open-air in character through the winter months without drastic alterations for which time might prove insufficient. To deal with the number of children whose parents availed themselves of the offer of evacuation (97) it was necessary to open the other Camp at Bell Heath until suitable additional hutments could be erected in the grounds of Blackwell.

In addition to extra food, cod liver oil, warm clothing and bedding, it was felt that the following provision was essential;

1. Heating of playrooms, dormitories and bathrooms.
2. Medical inspection each week, with emergency visits by a local practitioner when necessary.
3. Whole-time services of a trained nurse.
4. Strength of Staff, including Nurse, to allow 1 to every 4 children. This is fundamental. Supervision has to be constant. In the interests of the health of the children bathing and settling in bed must be carried out quickly; in the interests of the health of the Staff there must be off duty periods.

Later in the year a Sun-ray lamp was procured for Blackwell on loan from the Special Schools Department.

Pending the erection of the hutments the two camps were got ready on these lines.

Scarlet fever broke out in the Blackwell Camp. There were in all six cases, all fortunately mild. Otherwise the health of the children has been satisfactory. Numbers have dwindled not from any cause inherent in the Camp but because the parents desire to have their children with them, dislike the long journey to visit them, and are optimistically sceptical of the probability of aerial attack.

The smaller numbers, and the completion of the Camp extensions, made it possible to close Bell Heath at the end of the year and accommodate all the children in the one camp at Blackwell.

Winter camping of these very young children is an anxious experiment, an expedient forced upon us by the exigencies of the times. Conditions of general health require, are receiving and will continue to receive, constant close supervision. There remains the almost incalculable psychological effect of long separation of children at this early age from

their mothers. Certain Child Guidance Authorities claim that psychological disturbances varying from mild behaviour disorders to actual delinquency are liable to appear as the result of separations of young children from their mothers and from their familiar environment for periods of six months or more.

Measures have been adopted to ensure continuity of record for these children throughout school life so that early steps can be taken to deal with any physical or psychological disorders in the incipient stages.

EXAMINATION OF CHILDREN FOR EMPLOYMENT.

77 girls were examined for licences to take part in theatrical performances. The physique of these children was so satisfactory that it was not found necessary to with-hold licences from any of these.

3,359 were examined for certificates allowing delivering of newspapers or milk.

SPECIAL SCHOOLS

INTRODUCTION.

For the first eight months of the year 1939 conditions in the Special Schools were, in essentials, much as during the previous year. So great, however, was the dislocation caused by evacuation and its attendant circumstances that the period from September 1st to December 31st will practically monopolise attention in a Report curtailed by the exigences of the times.

EVACUATED CHILDREN.

The City had, for evacuation purposes, been divided into evacuable and neutral areas, the latter being considered reasonably safe in the event of aerial attack. It was decided to deal with the Day Special Schools as units and to offer evacuation for all children in attendance, irrespective of whether they resided in an evacuable or a neutral area of the City.

The children from the schools for the Mentally Defective were evacuated to three School Camps in Glamorgan—boys to Ogmores, girls to Rhosce, and girls and junior boys to Gileston. Subsequently, as the accommodation was not being fully utilised, the Gileston Camp was vacated, the boys being transferred to Ogmores and the girls to Rhosce.

The children from the two Day Open Air Schools were accommodated in billets, the group from Marsh Hill going to Eastington in Gloucestershire, those from Uffculme to Kempsey near Worcester.

The senior deaf boys were evacuated to the Stansfeld Camp, Oxford, while the senior deaf girls and infants were accommodated in the Shutter Youth Hostel, Stratford-on-Avon, and the junior deaf girls in the Youth Hostel at Warwick. After about a month the last mentioned group was transferred to the Shutter Youth Hostel.

The children from the Partially-Sighted Schools went into billets, one party in Coalville, Leicestershire, and the other in Eastington in Gloucestershire. Later these two groups were combined in Coalville.

The boys and girls from the two Day Schools for the Physically-Defective were evacuated to the Residential Open Air Schools, the boys to Hunters Hill and the girls to Cropwood.

Arrangements for the accommodation of the rheumatic children from Baskerville Residential School necessitated a somewhat more wide dispersal than was required in the case of the physically defective children. The Baskerville boys were transferred to Hunters Hill, while the girls were accommodated, some at Cropwood and the remainder to the number of 17, at Haseley Hall School, near Warwick. To make room for these various groups, the scholars from Hunters Hill and Cropwood Schools, with the exception of a few very delicate children, were discharged to their homes for evacuation with the children from adjacent Elementary Schools.

Particulars as to the proportion of children evacuated compared with the number on roll immediately before the Summer Holidays are given below :—

	Evacuated	On Roll	%
Mentally Defective Children	327	1,177	28%
Day Open Air School Children	129	354	36%
Partially Sighted Children	56	122	46%
Deaf Children	84	151	56%
Physically Defective Children	175	338	52%
	771	2,142	36%

By the end of December the number of evacuees still away from Birmingham had diminished to 491.

The arrangements for the supervision of the health of these children are essentially somewhat complex. While Receiving Authorities are responsible for ensuring adequate care of children evacuated to their areas, Evacuating Authorities are impelled, by the interest in the welfare of their own children, to render as much assistance as possible to the Medical Services in receiving areas. Medical Officers were appointed for the Camps accommodating the Mentally Defective children. The Day Open Air Schools came under the care of the Gloucestershire School Medical Service in the case of those at Eastington and of Worcestershire in the case of those at Kempsey. Although no special appointments were made in respect of these groups, a whole-time Medical Officer and two nurses for part-time duty had been lent by Birmingham to Gloucestershire for school work in general, while a conference with the Worcestershire Authorities had established that, so far at least, the County School Medical Service was not in need of assistance. The Partially-Sighted children evacuated were few in number and, as regards general health, were not considered a substantial addition to the work of the School Medical Service, in the receiving area in which they were located. The Leicestershire Authority was quite willing to undertake if required the specialised supervision of these children, but it was thought best to arrange for Mr. Archer Hall, the Birmingham Committee's Ophthalmic Surgeon, to retain touch with these cases by periodic visits during which the whole group could be reviewed.

CHILDREN REMAINING IN BIRMINGHAM.

There was still the problem of the medical care of the Special School children remaining in the City. It is doubtless obvious but will bear stating here, that provision must be made for these children of two kinds :—

- (a) Supervision of general health. Normally this is by more or less frequent routine medical inspection carried out by the Special Schools Medical Officer, these inspections being more frequent in the case of residential schools where, in general, the children are more delicate.

- (b) Supervision in respect of the particular disability on account of which the child has been admitted to a Special School. This work is normally undertaken by the Special Schools Medical Officer in the case of Mentally Defective children and children attending Open Air Schools, while appropriate specialists have the care of the deaf, the partially-sighted, the physically defective and the rheumatic.

On the outbreak of war, Dr. Kemp, who held a commission in the Air Force—was called up for service. The temporary closing of the Child Guidance Clinic made it possible for the Director, Dr. Burns, to offer his services, so that immediate needs in this direction were effectively met. In the early days of its re-opening, the Child Guidance Clinic, as was the case with all Clinics, was somewhat sparsely attended, so that it was still possible for Dr. Burns to give occasional sessions for work in respect of mental defectives, while Dr. Wilson, one of the Assistant School Medical Officers, took over the charge of the general health of all at Hunters Hill and Cropwood, in which were gathered mixed groups of Physically Defective, Rheumatic and Open Air School children.

Since up to the end of the year, all specialists were still available, this line of supervision remained unchanged, except that Mr. Wilson Stuart and Dr. Carey Smallwood now visited the two Residential Open Air Schools instead of the P.D. Schools and Baskerville respectively.

Seventeen girls had been transferred from Baskerville to Haseley Hall School. These have been in the personal care of the School Medical Officer.

ORTHOPAEDIC WORK.

Mr. F. Wilson Stuart, the Orthopaedic Surgeon, has reported as follows upon his work among Physically-Defective children, both at the Day Schools before evacuation and at the Residential Schools to which they were transferred:—

“Owing to the evacuation which took place on the outbreak of war, this report deals with the periods from January 1st to August, 1939, when the children were attending daily at Little Green Lane and George Street West Schools, and the period from September 1st to December 31st, during which period the children have been in residence at Cropwood and Hunters Hill Schools.

At Little Green Lane 4 inspections were held and 69 children examined. Ninety-nine children received treatment, the total number of treatments being 2,898, consisting of the following:

Massage and Remedial Exercises	...	1,868
Electrical Treatment	... ..	278
Radiant Heat	... ..	744
Ultra-Violet Radiation	... ..	8

At George Street West School, 4 visits were paid, 66 children being examined. The number of children who received treatment was 71, the total number of treatments being 1,317, made up as follows:

Massage and Remedial Exercises	...	906
Electrical Treatment	... ..	218
Radiant Heat	... ..	88
Ultra-Violet Radiation	... ..	105

At both these Schools the number of children treated is in excess of those examined at routine inspections since there were some children already under treatment who were a "carry-over" from previous inspections.

Two visits were paid during the latter period, one each to Cropwood and Hunters Hill, 56 children being examined. 106 children were treated by the Masseuse, including some Open Air School children with postural defects.

The total number of treatments given was 2,718, consisting of the following :—

Massage and Remedial Exercises	...	2,383
Electrical Treatment	... ..	44
Radiant Heat	... ..	180
Ultra-Violet Radiation	... ..	111

The grand total of treatments given was, therefore, 6,933, made up as follows :—

Massage and Remedial Exercises	..	5,157
Electrical Treatment	... ..	540
Radiant Heat	... ..	1,012
Ultra-Violet Radiation	... ..	224

Evacuation to Cropwood and Hunters Hill has necessitated the Masseuse taking 46 children in her car to the Royal Cripples' Hospital either for repairs to their boots and splints, or to see the particular Surgeon under whose care they came originally.

Once again I take this opportunity of expressing my thanks to the Head Mistresses for the assistance they have given me at the inspections and their eagerness to carry out any suggestions to improve the health of the children and to the Masseuses who work so untiringly and with such good effect. An exceptional feature of the work is the number of treatments Miss Gay has given in practically half the period, during the time the children have been in residence, compared to the period when the children attended daily."

OPHTHALMIC WORK.

Mr. Archer Hall, the Ophthalmic Surgeon, has furnished the following report upon the Day Schools for Partially-Sighted children up to the date of evacuation :—

"During 1939, each of the three Part-Sighted Schools was visited on two occasions, the third could not take place on account of evacuation of the Schools from the City.

At these inspections, children were listed for full examination and refraction of the eyes, at the Gt. Charles Street School Clinic. In this way 65 children were examined, and fresh lenses prescribed where necessary.

In addition to these, ten pupils attended the Clinic at ordinary sessions, due to the fact that they had not left for the country with the other children.

Arrangements are proceeding for visits to examine some of the pupils, evacuated to Leicestershire.

It was found necessary to advise part-sighted education in the case of 21 pupils of sighted schools, or on entrance to school life."

During the year, the following transferences and leavings have taken place:—

Moseley Road (P.S.) School

					Boys	Girls
Admissions	...	...	...	...	6	3
Left—14 years of age			...	...	2	2
Left Birmingham			...	...	—	1

Whitehead Road (P.S.) School

Admissions	...	...	...	...	4	1
Leavers:						
Left—14 years of age			...	...	2	1

Edgbaston Day Classes

Admissions	...	...	...	...	2	—
Leavers:						
Transferred for Technical Training at 16					—	3
Left for work (15 years of age)			...		—	2
Left (16 years of age)			...	...	1	—
Transferred as Resident Pupils—						
Evacuees		...	...	...	3	5

TOWYN SUMMER SCHOOL.

Six groups of children were sent to Towyn at intervals of a fortnight between April 6th and the Summer Holidays. These were selected as follows:—

Gem Street, Deaf—Boys and Girls
 Hamilton Road, M.D.—Senior Boys
 Moseley Road, Deaf—Boys and Girls
 Sherbourne Road, M.D.—Senior Boys
 George Street West, P.D.—Boys
 Little Green Lane, P.D.—Boys

A group of girls from Burlington Street M.D. School was sent on August 30th and remained in residence until October 3rd, being brought back then because their parents desired their return. Subsequently arrangements were made for those whose parents wished it, to join the evacuated girls at Rhose Camp in Glamorgan.

Since October 11th a group of delicate boys of the Open Air School type has been in residence at Towyn. They would normally have been admitted to the Hunters Hill Open Air School but, as already stated, this School has been devoted to the accommodation of children evacuated from Baskerville and the Day Schools for the Physically Defective.

Martineau House, with its Open Air schoolroom, lends itself excellently to this purpose. The children are being restored to health while their education proceeds largely on individual lines with as much time as possible spent in the open air.

The new isolation block was completed early in the season, and has already proved of very great value. Although health has been generally satisfactory the extra accommodation has made it possible to deal promptly and efficiently with those ailments which, minor in themselves, are liable to give some anxiety to those responsible for groups of children. There has been opportunity, too, to give a needed rest to some of the cripple children.

The undoubted success of Towyn has depended largely upon two factors. First, the zealous services of an efficient House Mother ; second, the co-operation and live interest of the teachers from whose children the various groups are selected.

BASKERVILLE SCHOOL.

It has been mentioned elsewhere in this Report that the children normally accommodated in Baskerville were removed to Hunters Hill and Cropwood Open Air Schools and to Haseley Hall School, near Warwick. Haseley Hall is a School for rheumatic children which is under the administration of the Society in Aid of Invalid Children, and except for educational "grant" is maintained entirely by private subscriptions. The work here is along lines similar to those followed at Baskerville, and the type of rheumatic case is essentially the same.

In all these Schools the progress of the rheumatic children was satisfactory. The question soon arose, however, as to what should be done as individuals recovered from the rheumatic condition for which they had been admitted to the Special School. Although Open Air conditions are not ideal for the treatment of rheumatic children, those resident at Hunters Hill and Cropwood had made such satisfactory progress that Dr. Carey Smallwood, the Consultant in charge, felt justified in advising continued admissions of fresh cases to replace children discharged cured.

The following general scheme was therefore decided upon :—

- (1) That, on their recovery, children should be discharged from these three schools—Hunters Hill, Cropwood and Haseley Hall—and that every effort should be made to evacuate those who would be returning to dangerous areas of the City.
- (2) That new rheumatic cases be admitted with the following maximum limits :—

Hunters Hill	...	...	25 boys
Cropwood	...	...	25 girls
Haseley Hall	...	...	17 girls

It was felt that by these measures it would be possible to maintain, at least to some degree, the Committee's campaign against rheumatism in childhood, especially since there were hopes of the early re-opening of Baskerville School.

OFFICIAL TABLES

CITY OF BIRMINGHAM

Education Committee

Appendix to Annual Report
of
School Medical Officer

for the year ended 31st December, 1939

OFFICIAL TABLES

Elementary Schools.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Entrants	.....	.....	.....	.....	.....	.....	.....	11,773
Second Age Group	.....	.....	.....	.....	.....	.....	.....	13,410
Third Age Group	.....	.....	.....	.....	.....	.....	.....	11,348
Total	.....	.....	.....	.....	.....	.....	.....	<u>36,531</u>

Number of other Routine Inspections	.....	.....	.....	.....	.....	.....	.....	<u>—</u>
Grand Total	.....	.....	.....	.....	.....	.....	.....	<u>36,531</u>

B. OTHER INSPECTIONS.

Number of Special Inspections and Re-Inspections	67,447
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C. CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table II. A. (3)	No. of Individual Children requiring Treatment (4)
Entrants	92	2,581	2,650
Second Age Group ...	954	2,310	3,166
Third Age Group ...	996	1,609	2,491
Total (Prescribed Groups)	2,042	6,500	8,307
Other Routine Inspections	Nil	Nil	Nil
GRAND TOTAL	2,042	6,500	8,307

TABLE II.

B. CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS, UP TO 31ST AUGUST, 1939.

Age-Groups	In-spected	Number of Children.							
		A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	10,359	125	1.2	9,172	88.6	924	8.9	138	1.3
Second Age-group	10,960	156	1.4	9,718	88.8	972	8.8	114	1.0
Third Age-group	9,021	141	1.6	8,038	89.0	770	8.6	72	.8
Other Routine Inspections	—	—	—	—	—	—	—	—	—
Total	30,340	422	1.4	26,928	88.7	2,666	8.8	*324	1.1

*Of these, 192 were reported by one Assistant School Medical Officer. If his figures are excluded 0.48% only were classified as having "bad" nutrition.

TABLE III.

BLIND AND DEAF CHILDREN.

	Blind Children	Deaf Children
Number of children who were not receiving education suitable for their special needs at the end of the calendar year.	6	2

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR
ENDED 31ST DECEMBER, 1939.

TREATMENT TABLE.

Group I. *Minor Ailments* (excluding Uncleanliness for which see Table VI.).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
<i>Skin —</i>			
Ringworm-Scalp :			
(i) X-ray Treatment	21	5	26
(ii) Other	25	2	27
Ringworm-Body	164	13	177
Scabies	1209	55	1264
Impetigo	1793	47	1840
Other skin disease	3868	151	4019
<i>Minor Eye Defects</i>	925	51	976
(External and other, but excluding cases falling in Group II.)			
<i>Minor Ear Defects</i>	1284	163	1447
<i>Miscellaneous</i>	11041	299	11340
(e.g., minor injuries, bruises, sores, chilblains, etc.).			
Total	20,330	786	21,116

TABLE IV. (*Contd.*)

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including squint).	3,325	357	3,682
Other defect or disease of the eyes (excluding those recorded in Group I)	26	23	49
Total	3351	380	3,731
	Under the Authority's Scheme.	Otherwise.	Total
	No. of Children for whom Spectacles were		
(a) Prescribed	2,889	334	3,223
(b) Obtained	2,875	332	3,207

Group III. Treatment of Defects of Nose and Throat.

Number of Defects.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hos- pital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
—	2	631	—	55	13	235	23	55	15	866	23	1,286	2 245

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils & Adenoids. (iv) Other defects of the nose and throat.

TABLE IV. (*Contd.*)*Group IV. Orthopaedic and Postural Defects.*

	Under the Authority's Scheme			Otherwise.			Total number treated.
	(1)			(2)			
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non- residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non- residential treatment at an orthopaedic clinic. (iii)	
Number of chil- dren treated.	209	—	2440	0	5	46	2700

TABLE V. DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist :

(a) Routine age-groups.

Age :

5	6,843
6	7,823
7	9,050
8	9,755
9	9,758
10	9,376
11	9,996
12	9,366
13	8,396
14	947

Total 81,310

(b) Specials 190

(c) Total (Routine and Specials) 81,500

(2) Number found to require treatment 58,058

(3) Number actually treated 30,445

(4) Attendances made by children for treatment 37,927

(5) Half-days devoted to { Inspection 429 } Total 4,199.
 { Treatment 3,770 }

(6) Fillings { Permanent Teeth 15,959 } Total 16,232.
 { Temporary Teeth 273 }

(7) Extractions { Permanent Teeth 19,418 } Total 83,102.
 { Temporary Teeth 63,684 }

(8) Administrations of general anaesthetics for extractions 20,316.

(9) Other Operations { Permanent Teeth 2,149 } Total 4,515.
 { Temporary Teeth 2,366 }

TABLE VI. UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses.....	8.0
(ii.) Total number of examinations of children in the Schools by School Nurses.....	217,584.
(iii.) Number of <i>individual</i> children found unclean.....	11,869.
(iv.) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act 1921.....	nil.
(v.) Number of cases in which legal proceedings were taken :--	
(a) Under the Education Act, 1921.....	Nil.
(b) Under School Attendance Byelaws.....	57

SECONDARY SCHOOLS

AND

OTHER INSTITUTIONS FOR HIGHER EDUCATION

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1939, TO 31ST DECEMBER, 1939					
Number of Routine Medical Inspections	.....	.....	...	....	.... 4,847
Number of Special Medical Inspections	.....	.....	...	....	.... 89
Number of Re-inspections	.....	.....	.....	.....	.... 192
Total					..... <u>5,128</u>
Number of Individual Children found to require Treatment....	.....	.....	.....	.....	.... 1,276

TABLE IV. (SECONDARY SCHOOLS)—RETURN OF DEFECTS TREATED
DURING THE YEAR ENDED 31ST DECEMBER, 1939.

TREATMENT TABLES.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VI.

Disease or Defect, (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp :			
(i). X-Ray Treatment	—	—	—
(ii). Other treatment			
Ringworm-Body	1	1	2
Scabies	1	—	1
Impetigo	5	1	6
Other Skin Diseases	11	12	23
<i>Minor Eye Defects</i>	7	4	11
(External and other, but excluding cases falling in Group II.)			
<i>Minor Ear Defects</i>	10	15	25
<i>Miscellaneous</i>	43	8	51
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
Total	78	41	119

TABLE IV. (SECONDARY SCHOOLS) (*Contd.*)

Group II. Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Disease or Defect (1)	No. of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
ERRORS OF REFRACTION (including squint but excluding operations for squint)	246	95	341
Other defect or disease of the eyes (excluding those recorded in Group I)	—	—	—
Total	246	95	341
No. of Children for whom Spectacles were	Under the Authority's Scheme.	Otherwise.	Total.
	(a) Prescribed	87	333
	(b) Obtained	87	333

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.												Received other forms of Treatment.	Total number treated.
Received Operative Treatment.													
Under the Authority's Scheme, in Clinic or Hos- pital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
-	-	1	-	-	-	5	1	-	-	6	1	28	35

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils & Adenoids. (iv) Other defects of the nose and throat.

TABLE IV. (SECONDARY SCHOOLS) (Contd.)

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme			Otherwise.			Total number treated.
	(1)			(2)			
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	—	—	95	—	—	4	99

Group V.—Dental Defects

(1) Number of Children who were :—

(i) Inspected by the Dentist
Aged :

10	4	Total 4,946
11	678	
12	974	
13	1,074	
14	936	
15	792	
16	386	
17	87	
18	14	
19	1	

(ii) Found to require treatment 3,268

(iii) Actually treated 1,859

(2) Half-days devoted to { Inspection 18
Treatment (Carried out in conjunction with work for Elementary Schools),

(3) Attendances made by children for treatment 3,243.

(4) Fillings { Permanent teeth 3,545 } Total 3,545.
{ Temporary teeth — }(5) Extractions { Permanent teeth 1,748 } Total 2,104.
{ Temporary teeth 356 }

(6) Administrations of general anaesthetics for extractions 841.

(7) Other operations { Permanent teeth 296 } Total 360
{ Temporary teeth 64 }

